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ATTENTION: Allan W. Olsen
FIRM/CO. NAME: USPTO
FAX NO.: (703) 872-9310
FROM: Abigail M. Cotton
DATE: March 10, 2003
OUR REFERENCE NO.: Applied/CLCH/1945.P3
YOUR REFERENCE NO.: Application Serial No. 09/507,629

Total number of pages 18 (including cover page)

If you do not receive all pages, please call: Abby

Business phone: (949)387-2355

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MESSAGE:

Examiner Olsen,

The amendment in response to the Office Action mailed on December 10, 2002, is attached.

Regards

Abigail Cotton

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1840-1841

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Shen et al Application No: 09/507,829 Confirmation No: 7912 Filed: February 19, 2000 For: SELF-CLEANING PROCESS FOR ETCHING SILICON-CONTAINING MATERIAL		Group No: 1783 Examiner: Allan W. Olsen Attorney Docket No: 001945 USA P03/ETCH/S.LI/CON/JB1 March 10, 2003 San Francisco, CA 94107			
VIA FACSIMILE / 703-872-9310 Assistant Commissioner for Patents Washington, D.C. 20231		Extension of Term Applicant petitions for an extension of time under 37 C.F.R. 1.133			
Papers Enclosed <input type="checkbox"/> Amendment and Marked Up Copy of Claims/Specification <input type="checkbox"/> Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Declaration/Affidavit <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return <input type="checkbox"/> Response to Restriction Requirement		Extension (Months) <input type="checkbox"/> One Month <input type="checkbox"/> Two Months <input type="checkbox"/> Three Months	Extension Fee \$10 \$400 \$920 Total \$ 0.00		
sApplicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.					
Fees for Extra Claims Amendment Fee Calculation					
	Claims remaining after amendment	Highest Number Previously Paid for	Number Extra	Rate	Additional Fee
				Large Entity	
Total Claims	85	54	3	\$18	196
Independent Claims	12	9	3	\$64	252
Multiple Dependent Claims				\$280	0
Supplemental Information Disclosure Statement				\$180	\$0.00
Total					\$450.00
Fee Payment Extension Fees \$0.00 Fees for Extra Claims \$450.00 Total \$450.00		Fee Deficiency If any additional extension and/or fee is required, please charge Deposit Account No. 10-0253 and/or If any additional fee for claims is required, please charge Deposit Account No. 10-0258			
In Attached is check no. _____ in the sum of \$0.00. Please charge deposit account no. 10-0253 in the sum of \$450.00.		Please direct all telephone calls to: Ashok K. Janah at (415)538-1555 Please continue to send correspondence to: Applied Materials, Inc. Patent Department, M/S 2061 P.O. Box 450A Santa Clara, CA 95052			
I hereby certify that this correspondence is facsimile transmitted to the U.S. Patent and Trademark Office via Fax No. (703) 872-9310.		Respectfully Submitted Abigail M. Cotton Date 3/10/2002 Abigail M. Cotton Registration No. 52,773			

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